

## Summer Camp Information Form

Name of child: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone 1: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone 2: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone 1: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone 2: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_ T-shirt Size: Youth/Adult S M L XL

Additional person(s) permitted to pick up child/ Emergency contacts:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

Can your child swim? ☐ Yes ☐ No ☐ Must have lifejacket\*

\*If your child needs a life jacket please provide one with child's name on Tuesdays and Fridays

Does child have any known food allergies? ☐ Yes ☐ No Vegetarian? ☐ Yes ☐ No

If YES, list: \_\_\_\_\_

Does child have any medical conditions? ☐ Yes ☐ No

If YES, list: \_\_\_\_\_

Is child currently on any medications? ☐ Yes ☐ No

If YES, list: \_\_\_\_\_

If YES, will child be taking medication during event hours\*? ☐ Yes ☐ No

\*Please send medication with child's name and dosage to the Camp Director

If YES, does medication need to be administered? ☐ Yes ☐ No

If YES, what time and dosage? \_\_\_\_:\_\_\_\_ ☐ a.m. ☐ p.m. \_\_\_\_ dosage(s)

Additional information if needed:

---

---

---

## Summer Camp Sign-up Form

Name of child: \_\_\_\_\_

Sex:    M        F

**Please check the session(s) you would like to sign up for:**

*20% Deposit required for each session, if not paid in full. Remaining balance is due on the Monday two weeks prior to the first day of each session.(Ex. )*

Deposit is: \$30/Resident or \$37/Non Resident for regular day  
               \$36/Resident or \$45/Non Resident for extended day.

Reg. or Ext. Day	Please check	Session	Date	Field Trip ( <i>subject to change</i> )	Reg. Code
		1	June 6-10	Museum of Natural Science	11301
		2	June 13-17	Bayou Wildlife Park	11302
		3	June 20-24	Houston Zoo	11303
		4	June 27-July 1	Typhoon Texas	11304
		5	July 5-8*	Kemah Aquarium	11305
		6	July 11-15	Space Center Houston	11306
		7	July 18-22	Children's Museum	11307
		8	July 25-29	Ringling Brother's (Circus)	11308
		9	Aug. 1-5	Schlitterbahn	11309
		10	Aug. 8-12	Fire it Up! Pottery Studio	11310
		11	Aug. 15-19	Health Museum	11311

**\*No camp July 4<sup>th</sup> in observance of Independence Day**

By signing this document I, \_\_\_\_\_, as parent/guardian or the registering responsible party for said camper hereby acknowledges that I have submitted any and all pertinent information relative to the health, safety, welfare and expressed desires as related to said camper's Sugar Land Day Camp experience. I give my permission for my minor child to be photographed and understand that the photograph may be used by the City of Sugar Land with the understanding that the City will not profit from its use. I also hereby acknowledge that I have read the Day Camp Parent Handbook in full, and agree to abide by all guidelines set forth and hold harmless and indemnify The City of Sugar Land and the Sugar Land Day Camp and release both from all liability. Should I or said camper fail to adhere to the guidelines set herein, I understand that the City of Sugar Land, the City of Sugar Land Parks & Recreation Department and representatives thereof have the right to void any registration and dismiss said camper from attending any further camp sessions and/or other offerings from the City of Sugar Land Parks & Recreation Department, the severity of ramifications due to a failure to adhere to guidelines set forth to be determined by the City of Sugar Land Parks and Recreation Department and it's representatives.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please e-mail completed forms to [parkreservations@sugarlandtx.gov](mailto:parkreservations@sugarlandtx.gov) or fax to 281-275-2828